

## New York State Committee on Quality Improvement in Living Liver Donation

# Liver Donor Survey

### Before Your Surgery

- 1 = excellent information  
2 = useful information  
3 = somewhat useful information  
4 = inadequate information  
5 = no information at all

Please circle the number on the scale to indicate where you believe their concerns were focused.

- Using the scale on the left, rate the information you received before your surgery.
  - risks and complications of the surgery .....
  - surgical procedure itself .....
  - physical effects of the surgery (for example, pain, bloating, scars, fatigue, etc.) .....
  - possible emotional/psychological effects of the surgery .....
  - possible expenses or insurance costs as a result of the surgery .....
- Based on your experience before surgery, do you think the hospital medical staff you came in contact with were primarily focused on you or the recipient?
 

1                      2                      3                      4                      5

recipient                      equal focus on both                      donor

primary focus                      donor and recipient                      primary focus
- Were you given the opportunity to speak to other donors before your surgery? ..... Yes ☐ No ☐  
 If yes, was it helpful? ..... Yes ☐ No ☐  
 If no, do you think speaking to other donors would have been helpful? ..... Yes ☐ No ☐
- Did the hospital staff give your family members the opportunity to discuss their concerns about your surgery? ..... Yes ☐ No ☐

### Hospital Experience

- 1 = totally agree  
2 = somewhat agree  
3 = agree  
4 = somewhat disagree  
5 = totally disagree

- Using the scale on the left, indicate your agreement with the following statements:
  - The surgeon answered all my questions before surgery. ....
  - The anesthesiologist answered all my questions before surgery. ....
  - My family/loved ones were kept informed of my progress during surgery. ....
  - I received good care from the doctors in the hospital. ....
  - I received good care from the nurses in the hospital. ....
  - While in the hospital, my pain was controlled adequately. ....
  - I was prepared for the way I would feel after surgery. ....

## Before Discharge From the Hospital

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1 = very useful  
2 = somewhat useful  
3 = less than useful  
4 = not useful at all  
5 = no information provided

6. Did a hospital staff person discuss your needs on the day you were sent home and help you plan to meet those needs? ..... Yes ☐ No ☐  
If yes, who? (please check all that apply)
- Surgeon ..... ☐  
Social Worker ..... ☐  
Transplant Coordinator ..... ☐  
Unit Nurse ..... ☐  
Other (please specify) \_\_\_\_\_ ☐
7. Using the scale on the left, indicate how useful you found the information hospital staff provided to you before you were sent home from the hospital.
- what you should expect after surgery ..... \_\_\_\_\_
  - primary care physician follow-up ..... \_\_\_\_\_
  - wound care ..... \_\_\_\_\_
  - pain management ..... \_\_\_\_\_
  - physical activity ..... \_\_\_\_\_
  - instruction for family members ..... \_\_\_\_\_
  - referral sources for emotional issues ..... \_\_\_\_\_
  - referral sources for financial issues ..... \_\_\_\_\_
8. Was there other information you would have liked to receive? ... Yes ☐ No ☐  
If yes, please specify:
- \_\_\_\_\_
- \_\_\_\_\_

## After Discharge From the Hospital

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9. Was your primary care physician contacted by someone from the transplant team? ..... Yes ☐ No ☐  
Don't Know ☐
10. Were you instructed to see your primary care physician? ..... Yes ☐ No ☐
11. Did you receive a follow-up phone call from the transplant center? Yes ☐ No ☐  
If no, do you think a phone call would have been helpful? ..... Yes ☐ No ☐
12. How many times did you return for post-operative visits with the surgeon/transplant team? ..... \_\_\_\_\_
13. Did the hospital staff address all your concerns before you were sent home? ..... Yes ☐ No ☐  
If no, please explain:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Emotional Support After Discharge

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14. Did you feel the need for any emotional support after discharge? .. Yes ☐ No ☐
15. Did the hospital staff refer you to any support groups? ..... Yes ☐ No ☐  
If yes, did you participate in a support group? ..... Yes ☐ No ☐  
If no, do you think a professionally led group would have  
been helpful? ..... Yes ☐ No ☐
16. Did you speak with any other donors after surgery? ..... Yes ☐ No ☐  
If no, do you think that would have been helpful? ..... Yes ☐ No ☐
17. Would you like to have public recognition for your donation? ..... Yes ☐ No ☐

## Financial Issues

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18. When you were considering surgery, were you told that there  
might be unexpected expenses as a result of the surgery? ..... Yes ☐ No ☐
19. Did you have any unexpected financial problems after discharge  
as a result of your hospitalization? (for example, inadequate  
insurance, out-of-pocket expenses, loss of wages, child care costs,  
transportation costs) ..... Yes ☐ No ☐  
If yes, please specify.  
\_\_\_\_\_  
\_\_\_\_\_

## Demographics

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20. How old were you when you donated part of your liver?  
18 or younger ..... ☐  
19 – 25 ..... ☐  
26 – 34 ..... ☐  
35 – 44 ..... ☐  
45 – 54 ..... ☐  
55 or older ..... ☐
21. Are you:  
male ..... ☐  
female ..... ☐
22. Where was your surgery performed?  
Mt. Sinai Medical Center ..... ☐  
New York University Medical Center ..... ☐  
New York Presbyterian Hospital ..... ☐  
Westchester Medical Center ..... ☐  
Strong Memorial Hospital ..... ☐

### Comments or Suggestions

[illegible]

**Please return this survey to the New York State Department of Health in the enclosed postage paid envelope.**

# Thank you!